



Attorney's Docket No.: 42390.P13767

Patent

In re the Application of: Gary Solomon, et al.

(inventor(s))

Application No.: 10/041,040

Filed: December 28, 2001

For: METHOD AND APPARATUS FOR SIGNALING AN ERROR CONDITION TO AN AGENT NOT EXPECTING A COMPLETION

(title)

Assistant Commissioner for Patents
Washington, DC 20231

SIR: Transmitted herewith is an Amendment for the above application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | OTHER THAN A SMALL ENTITY |
|--|-----------------------------|----------|---------------------------------|---------------|----------------|---------------------------|
| | Claims Remaining After Amd. | | Highest No. Previously Paid For | Present Extra | Rate | Additional Fee |
| Total Claims | *17 | Minus | **20 | 0 | X9 | \$ 0 |
| Indep. Claims | *3 | Minus | **3 | 0 | X42 | \$ 0 |
| First Presentation of Multiple Dependent Claim(s) | | | | | +140 | \$ |
| | | | | | Total Add. Fee | \$ 0 |
| | | | | | +280 | \$ |
| | | | | | Total Add. Fee | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

| | | |
|-------------------|------|-------------------|
| Total Add. Fee | \$ 0 | Total Add. Fee |
|-------------------|------|-------------------|

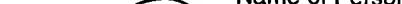
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

On

10/10/1998
Date of Deposit

Dawn Roberts

Name of Person Mailing Correspondence

 Name of Person Mailing Correspondence
Signature

ndence
3/29/02
Date

A check in the amount of \$ _____ is attached for presentation of additional claim(s).
 Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17
Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

A duplicate copy of this sheet is enclosed.

The Commissioner of Patents and Trademarks is hereby authorized to charge payment of the
following fees associated with this communication or credit any overpayment to Deposit Account
No. 02-2666 (**a duplicate copy of this sheet is enclosed**):

X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

X Any extension or petition fees under 37 C.F.R. § 1.17.

Date: 3/29/02

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